

EXHIBIT 2

EL DORADO COUNTY**HEALTH AND HUMAN SERVICES AGENCY**

PLACERVILLE, CALIFORNIA

3052022232686

STATE FILE NUMBER

2.1

AFFIDAVIT TO AMEND A RECORDNO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3202209001099

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

| | | | | | | |
|---|--|---|--------------------|--|------------------|---------------------------------|
| INFORMATION AS IT APPEARS ON ORIGINAL RECORD | 1A. NAME—FIRST THANH | | 1B. MIDDLE CONG | | 1C. LAST DANG | |
| | 2. SEX M | 3. DATE OF EVENT—MM/DD/CCYY 10/02/2022 | | 4. CITY OF EVENT SOUTH LAKE TAHOE | | 5. COUNTY OF EVENT EL DORADO |
| | 6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD CONG THAO DANG | | | 7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD THI PHUNG NGUYEN | | |
| | | | | | | |

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

| 8. ITEM NUMBER TO BE CORRECTED | 9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD | 10. CORRECTED INFORMATION AS IT SHOULD APPEAR |
|--------------------------------------|--|---|
| 11 | N | Y |
| 17 | ECONOMIST | ENERGY SPECIALIST |
| 19 | 30 | 25 |
| 26 | KIM ANH PHAM, SPOUSE | KIM-ANH THI PHAM, SPOUSE |
| 28 | KIM | KIM-ANH |
| 29 | ANH | THI |
| 31 | CONG | THAO |
| 32 | THAO | CONG |
| 35 | THI | PHUNG |
| 36 | PHUNG | THI |

REASON FOR
CORRECTION

11. FAMILY REQUESTS CHANGES TO THE DC.

AFFIDAVITS
AND
SIGNATURES

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO
PERSONS
MUST SIGN
THIS FORM TO
CORRECT A
BIRTH, DEATH,
OR FETAL
DEATH
RECORD

12A. SIGNATURE OF FIRST PERSON

ASHLEY ELIZABETH YOUNG

12B. PRINTED NAME

ASHLEY ELIZABETH YOUNG

12C. TITLE/RELATIONSHIP TO PERSON IN PART I

OFFICE MANAGER

12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)

ROSEVILLE, CA

12E. DATE SIGNED—MM/DD/CCYY

12/05/2022

13A. SIGNATURE OF SECOND PERSON

SHANNON DEE MOORE

13B. PRINTED NAME

SHANNON DEE MOORE

13C. TITLE/RELATIONSHIP TO PERSON IN PART I

OFFICE MANAGER

13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)

FAIR OAKS, CA

13E. DATE SIGNED—MM/DD/CCYY

12/06/2022

STATE/LOCAL
REGISTRAR
USE ONLY

14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR

CDPH-VR

15. DATE ACCEPTED FOR REGISTRATION

12/06/2022

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24a (REV. 1/08)

2.1

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADOThis is a true and exact reproduction of the document officially registered
and placed on file in the office of the El Dorado County Health and
Human Services Agency.

DATE ISSUED

DEC 07 2022

NANCY J. WILLIAMS MD, MPH
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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| 10 | | |

| | |
|--------------------------|---------------------------------------|
| REASON FOR CORRECTION | 11. TO CORRECT SOCIAL SECURITY NUMBER |
|--------------------------|---------------------------------------|

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

| | | | |
|--------------------------------------|---|--|---|
| AFFIDAVITS AND SIGNATURES | 12A. SIGNATURE OF FIRST PERSON ASHLEY ELIZABETH YOUNG | 12B. PRINTED NAME ASHLEY ELIZABETH YOUNG | 12C. TITLE/RELATIONSHIP TO PERSON IN PART I OFFICE MANAGER |
| | 12D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) ROSEVILLE, CA | 12E. DATE SIGNED—MM/DD/CCYY 11/04/2022 | |
| | 13A. SIGNATURE OF SECOND PERSON SHANNON DEE MOORE | 13B. PRINTED NAME SHANNON DEE MOORE | 13C. TITLE/RELATIONSHIP TO PERSON IN PART I OFFICE MANAGER |
| | 13D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) ROSEVILLE, CA | 13E. DATE SIGNED—MM/DD/CCYY 11/04/2022 | |
| STATE/LOCAL REGISTRAR USE ONLY | 14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR CDPH-VR | 15. DATE ACCEPTED FOR REGISTRATION 11/04/2022 | |

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